



PTO/SB/21 (modified)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

 TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>		Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE 0001/PTO Rev. 10/95 U.S. Department of Commerce Patent and Trademark Office	
TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>		Application Number	10/017,200
		Filing Date	December 14, 2001
		First Named Inventor	Sol P. DiJaili
		Group Art Unit Number	2881
		Examiner Name	Not yet known
Total Number of Pages in This Submission	9+	Attorney Docket Number	21153-05921

TRANSMITTAL FORM

*(to be used for all correspondence during pendency of
filed application)*

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Letter to Chief Draftsperson
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Formal Drawing(s):
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> [] Sheet(s) of Figure(s) []
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and
<input type="checkbox"/> Declaration	<input type="checkbox"/> Interferences
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Appeal Communication to Group
<input type="checkbox"/> Application Data Sheet	<i>(Appeal Notice, Brief, Reply Brief)</i>
<input checked="" type="checkbox"/> Information Disclosure Statement & PTO-1449	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input checked="" type="checkbox"/> Copies of IDS Cited References	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/>
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<input type="checkbox"/> Amendment/Response: [] Page(s)	<input type="checkbox"/>
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GROUP 3600

REMARKS: *Number of pages does not include cited references

SIGNATURE OF ATTORNEY OR AGENT

Signature:	
Attorney/Reg. No.:	Michael Plimier, Reg. No.: 43,004
Dated: May 1, 2002	

CERTIFICATE OF MAILING

I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.

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FEE TRANSMITTAL
TOTAL AMOUNT OF PAYMENT

 Subtotal (1) + Subtotal (2) + Subtotal (3) = **(\$0.00)**
Complete if Known

Application Number	10/017,200
Filing Date	December 14, 2001
First Named Inventor	Sol P. DiJaili
Group Art Unit	2881
Examiner Name	Not yet known

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GROUP 3500

Attorney Docket Number 21153-05921

METHOD OF PAYMENT
FEES CALCULATION (continued)
1. The Commissioner is hereby authorized to:

Charge the indicated fees to the below mentioned deposit account.

Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account. †

Applicant claims small entity status
See 37 CFR 1.27

 Deposit Account Number: 19-2555
 Deposit Account Name: FENWICK & WEST LLP

A Duplicate Copy of this authorization is attached

2. Payment Enclosed:

Check Credit Card Other

FEES CALCULATION (fees effective 10/01/2001)
1. FILING FEE

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
101/\$740	201/\$370	Utility Filing	<input type="text"/>
106/\$330	206/\$185	Design Filing	<input type="text"/>
108/\$740	208/\$370	Reissue	<input type="text"/>
114/\$160	214/\$80	Provisional Filing	<input type="text"/>
SUBTOTAL (1)		(\$0.00)	

3. ADDITIONAL FEES

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
105/\$130	205/\$65	Surcharge - late filing fee or oath	<input type="text"/>
127/\$50	227/\$25	Surcharge-late provisional filing fee or cover sheet	<input type="text"/>
147/\$2,520	147/\$2,520	For filing a request for reexamination	<input type="text"/>
115/\$110	215/\$55	Extension for response within first month†	<input type="text"/>
116/\$400	216/\$200	Extension for response within second month†	<input type="text"/>
117/\$920	217/\$460	Extension for response within third month†	<input type="text"/>
118/\$1,440	218/\$720	Extension for response within fourth month†	<input type="text"/>
128/\$1,960	228/\$980	Extension for response within fifth month†	<input type="text"/>
119/\$320	219/\$160	Notice of Appeal	<input type="text"/>
141/\$1,280	241/\$640	Petition to revive unintentionally abandoned application	<input type="text"/>
142/\$1,280	242/\$640	Utility Issue Fee (Or Reissue)	<input type="text"/>
143/\$460	243/\$230	Design Issue Fee	<input type="text"/>
122/\$130	122/\$130	Petitions to the Commissioner	<input type="text"/>
126/\$180	126/\$180	Submission of Information Disclosure Statement	<input type="text"/>
179/\$740	279/\$370	Request for Continued Examination (RCE)	<input type="text"/>
581/\$40	581/\$40	Recording each patent assignment per property (times number of properties)	<input type="text"/>
146/\$740	246/\$370	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="text"/>
149/\$740	249/\$370	For each additional invention to be examined (37 CFR 1.129(b))	<input type="text"/>
Other fee (specify): <input type="text"/>			
Other fee (specify): <input type="text"/>			
		SUBTOTAL (3)	(\$0.00)

2. CLAIMS

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
103/\$18	203/\$9	Claims in excess of 20
102/\$84	202/\$42	Independent claims in excess of 3
104/\$280	204/\$140	Multiple dependent claim
109/\$84	209/\$42	Reissue independent claims over original patent
110/\$18	210/\$9	Reissue claims in excess of 20 and over original patent

For	(Col. 1) No. of Existing Claims	(Col. 2) Highest No. Previously Paid For	(Col. 3) Extra**	Fee	Fee Due
TOTAL	minus* 20 or 0	=	x		=
INDEP	minus* 3 or 0	=	x		=

[] First presentation of multiple dependent claim

* Subtract the greater number of Col. 2

** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

 SUBTOTAL (2) **(\$0.00)**
SUBMITTED BY

Typed or Printed Name Michael Plimier

Complete (if applicable)

Reg. Number 43,004

Signature

Date

May 1, 2002

21153/05921/DOCS/1263151.1